



MEMORANDUM

TO: **NH Medicaid and Healthy Kids-Gold (Title XIX) Pharmacy and Durable Medical Equipment (DME) Providers and Prescribers**
FROM: **EDS and NH Medicaid**
DATE: **September 2007**
SUBJECT: **Adult Disposable Diapers – Coverage Criteria, Coding, Limits, and Pricing**

The purpose of this notice is to advise you that as a result of HB 826 of the 2007 legislative session, now RSA 167:3-h, IV, disposable diapers and related incontinence items will be covered with **prior authorization** for NH Medicaid recipients ages 21 and over, effective with dates of service beginning **September 21, 2007**.

Authorization for incontinence items will be approved in accordance with the clinical criteria below. Urinary stress incontinence is not a covered condition.

The recipient's type of incontinence must be:

- Secondary to a disease process which results in irreversible loss of control of the urinary bladder and/or rectal sphincter; **or**
- Secondary to an injury to the brain or spinal cord; **or**
- Attributed to a profound cognitive disability, such as severe mental retardation or dementia, that results in an inability to achieve continence through bladder training.

The codes, monthly service limits, and unit prices for diapers and other disposable incontinence products are as follows:

National Code	Item Description	Maximum # of Units Allowed per Day/Month	Price per Unit	Billing Modifier
T4521 T4522 T4523 T4524	Adult size disposable incontinence product, brief/diaper (small, med., large, XL)	6/186	\$0.90 each	N/A
T4535	Disposable liner, shield, guard, pad, undergarment for incontinence (Description does not indicate age, so can use for all ages)	3/93	\$0.45 each	U1
T4541	Incontinence product, disposable underpad, e.g., Chux – Large (Description does not indicate age, so can use for all ages)	3/93	\$0.30 each	U1

The number of units billed for disposable diapers and other disposable incontinence products must equal the number of items dispensed (e.g. 186 units, not 2 cases). The items are not interchangeable for purposes of staying within the limits. You may dispense and bill for no more than one month's supply at a time, which is a maximum of 186 disposable diapers/briefs. As always, these supplies should be billed in accordance with the usual and customary requirements of RSA 126-A:3, III. The maximum amount that will be paid for each item is noted above.

To obtain a prior authorization for adult disposable diapers and related incontinence supplies, one must complete The Durable Medical Equipment/Medical Supply Prior Authorization Request Form (form 272D), and include a letter of medical necessity from the ordering physician or healthcare provider. The prior authorization form is located on the provider services website: www.nhmedicaid.com. The form and letter must be returned to:

Schaller Anderson Medical Administrators, Inc
NH Medicaid Prior Authorization Unit
53 Regional Drive, Suite 201
Concord, NH 03301
Fax: (866) 499-9334

The process for children under the age of 21 remains the same, and procedures can be found in the December 2005 Provider Notice at www.nhmedicaid.com. Please note that prior authorization is **not** required for children under the age of 21, but a letter of medical necessity must be on file. Please review the coverage criteria in the December 2005 Provider Notice.

If you have any questions regarding this notice, or billing for these services, please contact the Communications Unit at EDS: 1-(800)-423-8303 (NH & VT only) or (603) 224-1747.